

## City of Ionia Part-Year Income Tax Return I-1040PY

2006

DUE DATE:  
APRIL 30, 2007

## INDIVIDUAL PART- YEAR INCOME TAX RETURN

<b>IMPORTANT</b> Complete the following DID YOU FILE A 2005 IONIA RETURN? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain _____	First Name & Middle Initial _____ Last Name _____		Your Social Security Number _____	
	Spouse's First Name & Middle Initial _____ Last Name _____		Spouse's Social Security Number _____	
Your occupation _____	Current Street Address _____		PO Box _____	Date of Birth _____
Spouse's occupation _____	Current City or Town _____	State _____	Zip Code _____	Spouse's Date of Birth _____

## FILING STATUS

☐ Married filing joint ☐ Married filing separately ☐ Single or Individual Return

## EXEMPTIONS

	Regular	Over 65	Blind	Deaf	Disabled	A	Dependents Name	Social Security Number	Relationship
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dependents (enter total number listed at right)									
GRAND TOTAL OF EXEMPTIONS									

## PREVIOUS ADDRESS(S) Use additional sheet if necessary

STREET ADDRESS	CITY	STATE	ZIP	DATE MOVED IN	DATE MOVED OUT
1					
2					
3					

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
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## INCOME Use additional sheet if necessary

DATES EARNED	TOTAL INCOME	Outside	Nonresident	Resident	Total Ionia
1. Employer and work location					
	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00
2. Interest & Dividends	.00	.00	.00	.00	.00
3. Federal schedule C	.00	.00	.00	.00	.00
4. Sale or exchange of property	.00	.00	.00	.00	.00
5. Federal schedule E Rentals	.00	.00	.00	.00	.00
6. Partnerships	.00	.00	.00	.00	.00
7. Distributions from Sub S	.00	.00	.00	.00	.00
8. Federal Schedule F	.00	.00	.00	.00	.00
9. Other income explain	.00	.00	.00	.00	.00

## DEDUCTIONS

10. IRA	.00	.00	.00	.00	.00
11. Allowed business expenses	.00	.00	.00	.00	.00
12. Other	.00	.00	.00	.00	.00
13. Total	.00	.00	.00	.00	.00
14. Exemptions 700 x D above (this amount should be prorated; See instructions page 9))			.00	.00	.00
15. Taxable Income - subtract exemptions from total			.00	.00	.00

TAX RATE	X .005	X .01	
16. TAX a. multiply nonresident by .5%. b. resident by 1% and c. add 16a and 16b	16a .00	16b .00	16c .00

## 17. PAYMENTS AND CREDITS

17a. Withholdings Attach W-2's to this form	17a .00
17b. 2006 Estimated tax payments and credits from 2005 tax return	17b .00
17c. Credit for tax paid to another city Residents only (Use Worksheet on page 12) Attach copy	17c .00
17d. Other credit explain	17d .00
17e. Total payments and credits	17e .00

## 18. REFUND if line 17e is larger than 16c subtract 16c from 17e and enter here Amounts less than \$1.00 are not refunded or credited

18a. Donate to Youth Recreation Program check here	and enter amount	18a .00
18b. Donate to Historic Ionia Theater check here	and enter amount	18b .00
18c. Donate to the Ionia Community Library check here	and enter amount	18c .00
18d. Please refund this amount to me		18d .00
18e. Credit my 2007 estimated tax liability		18e .00

Have your refund directly deposited! See Instructions Page 4 and fill in 18F, 18G and 18H.

F Account number	
G Routing number	
H Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

## 19. TAX DUE if line 17e is smaller than line 16c subtract line 17e from 16c and enter here. Pay this amount 19 .00

Amounts due and not paid by April 30, 2007 are subject to interest and penalty No payment is necessary if tax due is under \$1.00 PAY IN FULL WITH RETURN

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules, and to the best of my knowledge it is true, correct and complete

Please

Your signature \_\_\_\_\_ date \_\_\_\_\_

sign

Spouse's signature \_\_\_\_\_ date \_\_\_\_\_

here

Signature of preparer other than taxpayer. This return is based on all information of which I am knowledgeable. Date \_\_\_\_\_

Phone number of tax preparer: ( ) \_\_\_\_\_

☐ check to give permission to discuss your tax return with preparer